



STATE OF NEBRASKA – Department of Health and Human Services  
Regulation and Licensure – Credentialing Division  
P.O. Box 94986, Lincoln, NE 68509-4986

Expiration Date

4/30/2007

Make payment to HHSRL

Renewal Fees:

1-10 beds: \$800  
11-20 beds: \$950  
21-50 beds: \$1025  
51 or more beds: \$1050

## ASSISTED-LIVING FACILITY LICENSURE RENEWAL APPLICATION

### IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LICENSE NO: \_\_\_\_\_

ADMINISTRATOR: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: \_\_\_\_\_  
(If not Individual)

4. TOTAL NUMBER OF BEDS TO BE RELICENSED: \_\_\_\_\_

5. SPECIFY SPECIAL POPULATIONS: (Please check)

☐ Special Care Unit for Alzheimer's or Dementia or Related Disorders \_\_\_\_\_ Number of Beds

☐ Other – Please Specify \_\_\_\_\_ Number of Beds

6. ACCREDITATION: (Check if applicable) Are you requesting deemed status for compliance with 175 NAC 4-006? Yes ☐ No ☐

Name of Accreditation Organization: \_\_\_\_\_

### OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: \_\_\_\_\_  
(Legal Name of Individual or Business Organization)

MAILING ADDRESS: \_\_\_\_\_

8. BUSINESS ORGANIZATION: (Check one)

☐ Sole Proprietorship

☐ Partnership

☐ Limited Partnership

☐ Corporation

☐ Limited Liability Company

☐ Governmental (Check one) ☐ State ☐ District ☐ County ☐ City or Municipal

☐ Other (Please Specify) \_\_\_\_\_

(check one)

☐ Profit ☐ Non Profit

### CERTIFICATION

I/we have read the Rules and Regulation issued by the Nebraska Department of Health and Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply for a renewal license.

**PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by**

(1) the owner, if the applicant is an individual or partnership,

(2) two of its members, if the applicant is a limited liability company,

(3) two of its officers, if the applicant is a corporation, or

(4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE (TYPE OR PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE (TYPE OR PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE